

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 JAN -6 AM 10:36

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Responsible Hospital Progress

IMPORTANT: Indicate by # type of committee you are reporting for: 8

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # 25078

Logged In S

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Jerry L. Swenson
SIGNATURE OF PERSON FILING REPORT

712-263-3178
TELEPHONE

12-31-08
DATE SIGNED

I AM FILING A 01/19/09

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held
Crawford

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

151.25

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,660.62

Schedule F: Loans Received total (Attach Schedule F)

1,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

5,811.87

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,000.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Responsible Hospital Progress

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/11/08	ID# CK#	Ralph Marten 2754 Fair Lane, Denison, IA 51442		\$100	<input type="checkbox"/>
10/10/08	ID# CK#	Carl H. Segebart 3381 P. Ave., Vail, IA 51465		100	<input type="checkbox"/>
10/12/08	ID# CK#	Clara Hoffmeier 914 1st Ave. S., Denison, IA 51442		100	<input type="checkbox"/>
10/15/08	ID# CK#	Virgie Deiber-Henningsen 2070 Hwy. 141, Denison, IA 51442	Candidate	200	<input type="checkbox"/>
10/20/08	ID# CK#	Carol L. Swanson 2105 9th Avenue N., Denison, IA 51442	Candidate	200	<input type="checkbox"/>
10/22/08	ID# CK#	Ralph Marten 2754 Fair Lane, Denison, IA 51442		500	<input type="checkbox"/>
11/03/08	ID# CK#	Richard R. Knowles 1022 Oak Park Blvd., Denison, IA 51442		1,000	<input type="checkbox"/>
11/03/2008	ID# CK#	Ralph Marten 2754 Fair Lane, Denison, IA 51442		500	<input type="checkbox"/>
10/31/08	ID# CK#	Robert Rice 2114 9th Ave. N., Denison, IA 51442		500	<input type="checkbox"/>
11/05/08	ID# CK#	Thomas R. Eller 718 E. Circle Rd., Denison, IA 51442	Candidate	500	<input type="checkbox"/>

SUB-TOTAL

\$ 3,700

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Responsible Hospital Progress

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/03/08	ID# CK#	Thomas R. Eller 718 E. Circle Rd., Denison, IA 51442	Candidate	\$100	<input type="checkbox"/>
12/02/08	ID# CK#	Derrick R. Siemer 710 E. Circle Rd., Denison, IA 51442		1,000	<input type="checkbox"/>
12/31/08	ID# CK#	Thomas R. Eller 718 E. Circle Rd., Denison, IA 51442	Candidate	53.54	<input type="checkbox"/>
12/31/08	ID# CK#	Virgie Deiber-Henningsen 2070 Hwy. 141, Denison, IA 51442	Candidate	153.54	<input type="checkbox"/>
12/31/08	ID# CK#	Carol L. Swanson 2105 9th Avenue N., Denison, IA 51442	Candidate	153.54	<input type="checkbox"/>
11/05/08	ID# CK#	Jeffery Knowles 611 14th Ave. S., Denison, IA 51442		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,960.62

TOTAL (if last page of this schedule)

\$ 5660.62

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Responsible Hospital Progress

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/08	ID# CK# 104	Denison Bulletin and Review Denison, Iowa 51442	Advertisement	\$ 506.25
10/20/08	ID# CK# 105	Cable Channel 18 2712 K. Avenue, Denison, IA 51442	Advertisement	144.00
10/23/08	ID# CK# 106	Denison Bulletin and Review Denison, Iowa 51442	Advertisement	506.25
10/31/08	ID# CK# 107	Denison Bulletin and Review Denison, Iowa 51442	Advertisement	446.40
10/31/08	ID# CK# 108	Denison Bulletin and Review Denison, Iowa 51442	Advertisement	695.00
11/04/08	ID# CK# 109	Beyond Imagination Marketing Strategies 220 W. 7th St., P.O. Box 593, Carroll, IA 51401	Direct Mail Postcards	1,500.00
11/13/08	ID# CK# 110	Beyond Imagination Marketing Strategies 220 W. 7th St., P.O. Box 593, Carroll, IA 51401	Standard Mail Advertisements	1,183.97
11/13/08	ID# CK# 111	Carroll Today Newspaper P.O. Box 593, Carroll, IA 51401	Smart Shopper Advertisement	250.00
SUB-TOTAL				\$ 5,231.87
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Responsible Hospital Progress

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/24/08	ID# CK# 112	Cable Channel 18 2712 K. Avenue, Denison, IA 51442	Advertisement	\$ 8.00
11/24/08	ID# CK# 113	Denison Bulletin and Review Denison, Iowa 51442	Advertisement	72.00
12/31/08	ID# CK# 116	Brink & Sextro L.L.P. 40 North Main, Denison, IA 51442	Filing Report services	500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 580.00
TOTAL (if last page of this schedule)				\$ 5,811.87

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

RESET**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Responsible Hospital Progress

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAID**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** _____**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
11/03/08	Thomas R. Eller 718 E. Circle Rd., Denison, IA 51442	Candidate	\$ 1,000

TOTAL (PART I) \$ 1,000**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
12/29/08	Thomas R. Eller 718 E. Circle Rd., Denison, IA 51442	Candidate	\$ 1,000

TOTAL CASH REPAYMENTS (PART II) \$ 1,000

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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